

REMARKS

Applicants respectfully request reconsideration of this application, as amended herein. Claims 19-33 were pending in the application. Claims 22 and 24 have been canceled, Claims 19, 23, 25, and 33 have been amended, and no new claims have been added. Therefore, Claims 19-21, 23, and 25-33 are pending in the application.

The Examiner objected to the title of the invention as not being descriptive. Applicants have provided a new title that is clearly indicative of the invention to which the claims are directed.

The Examiner indicated that Claims 22, 23, and 25-32 would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claim. As suggested by the Examiner, Applicants have amended Claim 19, being the base claim, and included the subject matter of Claim 22. Claim 23 was amended to clarify antecedent basis. Claims 20 and 21 depend from amended Claim 19 and were not amended.

Also, as suggested by the Examiner, Applicants have amended Claim 25 to rewrite it in independent form and include the subject matter of Claim 24. Claim 33 has been amended to depend from amended Claim 25 in order to correct the antecedent basis issue. Applicants respectfully submit that the remaining claims are also allowable. The Examiner's assistance in accurately describing allowable subject matter is gratefully acknowledged.

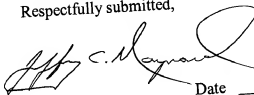
Applicants acknowledge the prior art made of record and not relied upon yet considered pertinent to Applicants' disclosure.

CONCLUSION

Applicants have made a diligent effort to address the objections identified by the Examiner and believe all claims remaining in the application are allowable. Accordingly, a

Notice of Allowability is respectfully requested. However, if the Examiner is of the opinion that the present application is not in condition for allowance, Applicants respectfully request that the Examiner contact Applicants' attorney at the telephone number listed below so that additional changes may be discussed.

Respectfully submitted,

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Date _____

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